

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101617498
APPLICANT(S)

5/23/05

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP.		* IND. DEP.		* IND. DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51					
2		/				52					
3		/				53					
4						54					
5		/				55					
6		/				56					
7		/				57					
8		/				58					
9		/				59					
10		/				60					
11		/				61					
12		/				62					
13		/				63					
14		/				64					
15		/				65					
16						66					
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18						68					
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36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.		/				TOTAL IND.					
TOTAL DEP.			14			TOTAL DEP.					
TOTAL CLAIMS			15			TOTAL CLAIMS					